

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-026335

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 317

FILED JUL 30 1962

## 1. PLACE OF DEATH

a. COUNTY Cape

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Cape GirardeauLength of stay in 1b  
few daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION SEMO HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Ste. Genevieve

c. CITY OR TOWN Bloomsdale

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Rte. # 2, Ste. GenevieveReside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Charles E Simpson4. DATE OF DEATH Month Day Year  
July 18 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Aug. 27, 1893

## 9. AGE (last birthday)

68

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Safety Engineer (Ret)

## 10b. KIND OF BUSINESS OR INDUSTRY

St. Joseph Lead Co.

## 11. BIRTHPLACE (City and state or country)

Hopewell, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Edward Simpson

## 13b. MOTHER'S MAIDEN NAME

Mary McClair

## 14. NAME OF HUSBAND OR WIFE

Nell Cook ??

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mrs. Nell Simpson, Rte. # 2, Ste. Gen., M

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic Rt. Disease

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1560  
1230 A

to 7-18-62

and last saw him alive on 7-17-62

## Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

Harold Redings MD

## 22b. ADDRESS

Cape Girardeau, Mo. 2/1/62

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

July 21, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Herculeanum Cemetery

## 23d. LOCATION (City, town, or county)

Herculeanum, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Vinyard Funeral Home, Inc., Festus, Mo.

## 25. DATE RECD. BY LOCAL REG.

7-24-62

## 26. REGISTRAR'S SIGNATURE

Kanten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

b168

20952

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94200

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123-0

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JUL 30 1962

Sent 7-21-62  
Picked up 7-21-62

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.